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# TRANSMITTAL FORM

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Attorney Docket Number: HUM221USPT01

## **TREATMENT OF MENORRHAGIA, HYPERMENORRHEA, DYSMENORRHEA AND MENSTRUAL MIGRAINES BY THE ADMINISTRATION OF AN ANTIBACTERIAL MILK PRODUCT**

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bibd-transmittal	<b>HUM221USPT01apds.xml</b>
specification	<b>011114 Patent Application.xml</b>
declaration	<b>Declaration page 1.tif</b>
declaration	<b>Declaration page 2.tif</b>
declaration	<b>Declaration page 3.tif</b>
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**Attached Image File(s):**

**Declaration page 1.tif**

**Declaration page 2.tif**

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**Comments:**

Small Entity Status Applicant claims small entity status. See 37 C.F.R. 1.27.

# FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

Small Business Concern

**TOTAL FEES AUTHORIZED: \$ 412**

**The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:**

Deposit Account Number: 192020 

Deposit Account Name: Sherrill Law Offices

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

**SUBMITTED BY**

Authorized Name: Michael S. Sherrill  
Electronic Signature Mark: /Michael Sherrill/  
Date Signed: 20011115

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 20	203	\$ 9	0	\$ 0
Independent Claims: 4	202	\$ 42	1	\$ 42

Subtotal For Extra Claims Fees: \$ 42